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ABSTRACT

Over the past 30 years, the political response to child maltreatment and its prevention has experienced periods of frantic activity, often followed by long periods of benign neglect. To an extent, this pattern reflects deep differences among child welfare advocates, researchers and practitioners on how best to proceed. While most everyone agrees that "it shouldn't hurt to be a child," how to prevent this hurt and at what cost is less clear. Significant tensions exist between the relative importance of treatment versus prevention and the appropriate role for public child welfare in protecting children and supporting families at risk. Efforts to resolve these tensions often involve child welfare agency directors and prevention advocates as combatants rather than allies. The absence of an effective partnership between all those involved in formal and informal child protection not only diminishes the potential impact of each response system but also leaves many children, particularly those in resource-poor communities, with few viable alternatives to mandatory child protection. This paper seeks to better understand the factors that have contributed to the absence of more integrated policy development and the opportunities that might exist for better future collaboration. Following a brief historical overview, the paper explores the logic, empirical evidence, and limitations for three strategic paths being promoted to construct a more inclusive vision for child welfare agencies. Specifically, the paper examines differential strategies for responding to child abuse reports, out-basing child welfare workers in community agencies, and establishing community partnerships for broadening responsibility for child protection. The paper concludes with a discussion of the additional research, practice, and policy questions that need to be addressed to more appropriately position the child welfare system within the paradigm of community child protection. (Contains 66 references.) (Author/HTH)

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Before Substantiation: The Role for Child Welfare Agencies in Preventing Maltreatment

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Before substantiation:
The role for child welfare agencies in preventing maltreatment

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Paper prepared for Child Welfare Services Research and Its Policy Implications Conference sponsored by the Joint Center for Poverty Research. Washington D.C. March 20-21, 2003

OVERVIEW

Over the past 30 years, the political response to child maltreatment and its prevention has experienced periods of frantic activity, often followed by long periods of benign neglect. To an extent, this pattern reflects deep differences among child welfare advocates, researchers and practitioners on how best to proceed. While most everyone agrees that "it shouldn't hurt to be a child," how to prevent this hurt and at what cost is less clear. Significant tensions exist between the relative importance of treatment versus prevention and the appropriate role for public child welfare in protecting children and supporting families at-risk. Efforts to resolve these tensions often involve child welfare agency directors and prevention advocates as combatants rather than allies. (Daro & Cohn-Donnelly, 2002a). The absence of an effective partnership between all those involved in formal and informal child protection not only diminishes the potential impacts of each response system but also leaves many children, particularly those in resource poor communities, with few viable options to mandatory child protection.

This paper seeks to better understand the factors that have contributed to the absence of more integrated policy development and the opportunities that might exist for better future collaboration. After a brief historical overview, the paper explores the logic, empirical evidence and limitations for three strategic paths being promoted to construct a more inclusive vision for child welfare agencies. Specifically, the paper examines differential strategies for responding to child abuse reports, out-basing child welfare workers in community agencies and establishing community partnerships for broadening responsibility for child protection. The paper concludes with a discussion of the additional research, practice and policy questions that need to be addressed to more appropriately position the child welfare system within the paradigm of community child protection.

HISTORICAL CONTEXT

Beginning with the passage of the Child Abuse Prevention and Treatment Act (PL 93-247) in 1974, public child abuse policy has been directed by a formal reporting system. While voluntary reporting mechanisms were well established by the late 1960s, the federal legislation outlined consistent and model reporting standards and institutionalized a child welfare service system that was triggered by a maltreatment accusation (Daro, 1988; Nelson, 1984). Early child welfare interventions were constrained further by a legal and social tradition that granted parents broad discretion in how they rear their children (Gelles, 2000). Public child welfare's legal and, some would argue, moral mandate begins only when a child has been mistreated or is at imminent risk of physical harm (Besharov, 1986; Pelton, 1981).

Despite this tradition of family privacy and parental autonomy, the first two decades following passage of CAPTA found many states expanding the definition of maltreatment beyond the proposed federal guidelines. Commenting on this trend in 1983, one child welfare advocate told a U.S. Senate subcommittee that "the debate between the service idealists who would open wider the portals of entry into the service system and the civil libertarians, who were concerned with the prospect of more incompetent and damaging intrusion into family life appears to have been resolved in favor of the idealists " (Newberger, 1983:3). These eventual broad and inclusive reporting systems clearly succeeded in encouraging the identification of abuse. The reporting rate – 10.1 per 1,000 children in 1976 – climbed to 45.0 per 1,000 children in 1992. More than 2 million reports were documented in 1987, representing a 225% increase over the 1976 numbers. By the mid-1990s, the number of reports exceeded three million annually and have declined only slightly in recent years (USDHHS, 2002).

The growing number of reports, the changing characteristics of these reports and a series of Federal initiatives to define the mission and focus of public child welfare have altered the intent and scope of local child welfare services over the years. In many respects, these changes have gradually shifted the balance of power away from the idealists and back to those who would limit the scope of child welfare and reduce the rate at which children are offered protective services. In

an effort to manage the growing number of reports, many states adopted more restrictive definitions for forwarding a report on for formal investigation. And those investigations that were conducted embraced a more adversarial tone. Driven in part by the increased recognition and reporting of child sexual abuse in the mid 1980s, child abuse investigators turned to law enforcement and judicial interventions for model practice in defining how families were interviewed and data gathered. While this increased rigor has afforded some children better protection and provided prosecutors stronger evidence, it also has made it more difficult for parents and communities to view child welfare services as constituting a therapeutic or supportive intervention.

A growing separation between those agencies working with identified victims and community based service providers that embraced a strength-based, family-focused service philosophy further reinforced the image of child welfare services as intrusion as opposed to support. Rather than viewing child welfare agencies as a partner in protecting children, prevention advocates explicitly identified themselves as an alternative to the mandatory interventions associated with child abuse investigations (Daro & Cohn-Donnelly, 2002a). In an attempt to better balance the public child welfare response in light of competing visions and expectations, a series of Federal legislative reforms over the past 20 years have directed states to make "reasonable efforts" to prevent out-of-home placement and to promote family reunification or find permanent home for children who had to be placed. While the primary emphasis of these reforms has vacillated among a number of alternatives (e.g., prevention, family preservation, permanency and adoption), fiscal incentives have consistently favored alternative placement options. These trends have produced a response system many see as more punitive than therapeutic and one that has disproportionate impacts on the lives of poor families and children of color (Brown & Bailey-Etta, 1997; Courtney, Barth, Duerr-Berrick, Brooks, Needell & Park, 1996; and Goerge, Wulczyn & Harden, 1994).

Both public child welfare agencies and community based prevention efforts are exploring better ways to structure linkages between the two service systems in order to provide a level of care commensurate with level of need and improve the ability of families to access services. Within child welfare agencies, emphasis has been placed on differential response systems, co-locating child welfare workers with other key health and income maintenance staff in community settings, and establishing greater interagency collaboration and community partnerships (BASSA, 2002; Farrow, 1997; Notkin, 1994; Schene, 1998.). Outside the child welfare system, early intervention proponents and child abuse prevention advocates have moved beyond service models that target individual parents and have worked to craft far reaching service systems that engage health care, social services and early education systems in an effort to address the needs of all families within blended universal and targeted service networks (Daro & Cohn Donnelly, 2002b; Daro, 2000). Although these two reform paths began at different ends of the risk continuum, both share a common emphasis on the use of formal and informal supports in meeting the diverse needs of families and on offering local service providers and administrators flexibility in allocating resources to better match service options with participant needs (Schorr, 1997).

Several policy and contextual factors have fueled these reform engines. At the center of both reforms is a general dissatisfaction with many therapeutic interventions, particularly with the ability of services to alter the trajectory of families with extensive histories of serious physical abuse and neglect. Extensive reviews of a wide range of treatment modalities find very few with strong, empirical evidence of effectiveness (Saunders, Berliner & Hanson, 2003). Those interventions that have demonstrated the greatest promise are generally embedded in ecological theories of human development and cognitive learning theories, offer intensive services, and have a strong research base (Henggeler, Melton, Brondino, Scherer & Hanley, 1997; Kolko, 2002; Lutzker, 2000). In addition, a child's first three years of life has become a major focus among those seeking better outcomes for children in numerous cognitive, emotional and social domains (Carnegie Task Force, 1994; Shonkoff & Phillips, 2000). Given that the fastest growing

population within child welfare is infants under the age of one, the importance of early and thoughtful intervention for the 0 to 3 population has become even more salient.

Despite its theoretical, emotional and political appeal, relatively few dollars are spent within child welfare budgets on front-end services or in providing child welfare services in the absence of serious or chronic maltreatment. Approximately 70% of federal dollars spent on child welfare in 2000 were allocated to the provision of foster care and adoption services, a pattern that has persisted despite multiple federal and state reforms to reduce the emphasis on out-of-home care. While states have increased their spending on family support and family preservation services, these investments represent less than 14% of current child welfare budgets. (Bess, Andrews, Jantz, Russell & Geen, 2002).

Outside the child welfare parameters, however, public and private investments in early intervention have been sizable, particularly with respect to supporting new borns and their parents. Many states have established local initiatives that galvanize public and private resources around promoting such diverse outcomes as school readiness, substance abuse prevention, violence prevention and welfare reform. The National Governors Association lists 58 such early childhood initiatives underway in 45 of the 50 states (NGA, 2003). At least one national survey, for example, estimates that more than 100,000 groups of parents meet every year in the United States to attend parent education classes, to provide mutual support to other parents and to advocate for better services or policy options for their children (Carter, 1995). Similarly, it is estimated that as many as 550,000 children are reached annually by the six largest home visiting programs for pregnant women and families with young children (Gomby, Culross & Behrman, 1999). Funding for these efforts come from a wide range of public (e.g., state and federal health care, education, and income maintenance revenue lines) as well as private foundations and charities. Many of the individual and community conditions targeted by these initiatives parallel the strengths central to reducing a child's risk for maltreatment. For example, such interventions focus on improving parent-child interactions and bonding, improving parental capacity to meet a child's basic physical and emotional needs, and improving a parent's ability to effectively use formal and informal supports (Daro & Cohn-Donnelly, 2002b). As such, these and similar efforts offer child welfare agencies new and potentially powerful partners in providing more meaningful and comprehensive protection to all children.

WHAT IS CHILD WELFARE DOING TO ALTER FRONT-END PRACTICE?

A variety of strategies and reforms are underway throughout the country as part of a general pattern of social service reform – privatization, inter-agency planning, early intervention, block grants and divestment of responsibility to local governmental levels. Within the child welfare system, these trends have been reflected in a variety of administrative and policy shifts including the transfer of key child welfare functions to private agencies; systematic assessment and early diagnoses of mental health and developmental disorders; better linkages around substance abuse, domestic violence and mental health; and community placement strategies including kinship care. While all of these efforts alter the types of cases touched by child welfare and the nature of the child's experience with the system, this paper focuses on a smaller subset of current reform efforts. Specifically, the paper examines those strategies designed to expand service options and availability for two groups of families:

- Parents who have been reported for child abuse but where there is not sufficient risk nor evidence to warrant a full investigation or mandatory interventions.
- Parents identified by other service agencies or local residents as needing immediate assistance to better care for their children in order to avoid any initial maltreatment.

Child welfare agencies have an extended history in dealing with the first of these populations as reflected in the continuous tension between broad and narrow definitions of maltreatment and the expansion and retraction of mandatory reporting systems. Throughout these shifts, however, child welfare agencies have been generally comfortable serving as a child's "second line" of

defense, defining prevention as reducing reincidence rates, avoiding out-of-home placements and protecting the child from serious injury. More recently, however, advocates have envisioned a system in which public child welfare agencies play a more aggressive role in identifying children at-risk while also offering increased support to families that have not yet been involved in a reportable or substantiated case of child abuse. While some suggest this trend is a troubling example of "mission drift", other welcome the change as long overdue (U.S. Advisory Board, 1990, 1991, 1995; Melton & Berry, 1994).

Three strategic paths are being promoted to broaden the mission and scope of child protection.

- Offering more services to all families reported for child abuse by implementing differential response systems and offering service linkages or vouchers to those families not meeting the threshold for substantiated maltreatment.
- Identifying and serving families who have not been reported but struggle with significant personal or environmental challenges by locating child welfare workers in key neighborhood agencies such as schools, community service centers, and health care centers.
- Fostering greater responsibility among community residents and all local service providers for child protection by establishing broad based community partnerships

Some of these alternatives are embedded within traditional child welfare agencies and practice methods. Other alternatives emanate from a plethora of community based prevention systems that focus on child abuse prevention and enhanced child well being. In some communities, primary emphasis is placed on one path. In other areas, the three paths have been blended into a comprehensive effort to alter child welfare practice and community context. While empirical support for any of these strategies is limited, evaluative efforts suggest that each offers an opportunity to afford all children greater protection and agencies more efficient use of resources.

PROVIDING SERVICE OPTIONS FOR ALL REPORTED CASES

Most child abuse reports do not trigger an investigation. Research has found that upwards of 50% of reports in some jurisdictions are not subject to a formal, comprehensive investigation due to a lack of sufficient information or credible indication that a child is indeed at risk (Wells, Stein, Fluke & Downing, 1989). Typically, reports are more frequently investigated if that are filed by a mandated reporter; involve infants or young children; or represent an actual or immediate risk of physical harm. Even among cases that are investigated, small proportions are substantiated and of these substantiated cases, only a fraction are provided services. Some consider this outcome an efficient use of scarce resources, with child welfare dollars serving only those cases involved in some form of documented maltreatment (Besharov, 1986). Others are less certain, noting that failure to substantiate a report does not necessarily imply that a child is being well cared for or that the parent is capable of meeting the child's physical and emotional needs. Substantiation is not an indication of parental functioning or child well being but rather an indication of how well a certain behavior or context fits within a specific definitional framework. As such, the pool of unsubstantiated cases often represents a group of families and children in need of a variety of supportive and therapeutic services (U.S. Advisory Board, 1990; Melton & Thompson, 2002).

A recent analysis of reporting practices in one California county is illustrative of the issues facing child protective service workers nationwide (Karski, Gilbert & Frame, 1997). During a one-year observation period, 17,566 official child abuse reports were recorded on the county's hotline; 9,422 (54%) were closed after telephone intake and 8,133 (46%) were investigated. Among the investigated cases, 75% were closed after the caseworker's initial contact while the remaining 25% (or 12% of all initial reports) received family services. Among those screened out or not substantiated, almost half were screened out because the child was not considered to be in immediate danger (e.g., the reporter alleged an injury that was sustained some time ago) or the

reporter could not provide sufficient evidence of maltreatment from a legal standpoint. A striking feature of these screened-out reports, however, was the amount of harm experienced by children and the range of problems presented by the families. In 28% of the reports not investigated, the reporter had identified a specific type of physical injury to the child. Drug use, marital conflict, health problems and mental health problems also afflicted many families and almost two-thirds of them had histories of prior child maltreatment reports. The authors concluded that the screening process, while focusing investigations on the most serious allegations, failed "to offer family services that might prevent future harm to children clearly at risk." (Karski, Gilbert & Frame, 1997: 5).

The varying levels of risk presented by children reported for maltreatment underscore the logic of differential response systems. Serious cases and those posing the most immediate threat to a child's safety may require and justify legalistic and intrusive investigations. However, those reports stemming from a parent's lack of resources or knowledge may best be addressed by a more supportive response. To address these differences and expand service availability to more families, several states have instituted a dual track response system that offers safety assessments and service options as opposed to investigations for those reports deemed less serious. Among the states offering this option are Missouri, Minnesota, Delaware, Oklahoma, South Carolina, Utah, Virginia and Kentucky (Notkin, 2002). In addition, individual counties in other states around the country have instituted a more localized version of this reform.

While differences exist across these systems in terms of operating guidelines and structure, one consistent distinction between safety assessments and investigations is the primary focus and orientation of the two procedures. As Siegel and Loman have noted, traditional child welfare investigations are primarily retrospective, reconstructing events for the purposes of determining motivation and blame. In contrast, safety assessments, while also seeking to accurately document past behavior, focus primarily on whether and how children might be protected in the future (Siegel & Loman, 2000). This difference in orientation can have profound impacts on what questions are asked and how service opportunities are identified.

Evidence of success

One of the best researched differential response systems is the Family Assessment and Response Demonstration project mandated by the Missouri State Legislature in 1994. Initially established in selected pilot areas, the system has been operational statewide since 1998. Hotline reports are screened into two categories – *investigations* for those cases representing the more serious threats to child safety and *family assessments* for those cases representing less severe incidents. The central goals of dual response tracks are to promote the safety of the child, to preserve the integrity of the family, to remedy the abuse or neglect or the defining family problem, and to prevent future abuse or neglect. By appropriately channeling reports to one of these two options, the system also seeks to achieve a more efficient use of investigative resources, improve participant satisfaction, improve court adjudication of probable cause cases, and offer more timely and appropriate services for families.

To assess compliance, researchers from the Institute of Applied Research in St. Louis implemented a two-part quasi-experimental research design (Siegel & Loman, 2000). The first strategy involved a comparison of baseline versus demonstration period data in each pilot site, in which outcomes during the two years prior to the demonstration were compared with outcomes achieved during the initiative's first two years. The second strategy compared outcomes from the 14 demonstration sites to 14 matched small and medium-sized counties across the state and within St. Louis city and county. The study utilized a variety of data sources including information from the state's automated client record system, detailed record reviews of sample cases, case-specific assessments of families in the study sample at case closing, client family surveys and interviews, and staff interviews. Cases that entered the demonstration in the pilot counties on or after July 1, 1995 were included in the evaluation. All clients were included during the 14-month period ending June 30, 1997. Data continued to be collected through November 30, 1997.

During the study's data collection period, all investigative reports that resulted in findings or probable cause and all family assessments that resulted in judgments indicating additional services were enrolled in the evaluation sample. During the baseline period, there were 2,783 such families in the pilot area and 3,087 in the comparison area. In order to obtain a more detailed account of the service experience for these families, a random 15% sample was selected each month from the new families entering the population. The total sample for these comparisons was 919 – 516 in the pilot area and 403 in the comparison communities. By June 30, 1997, 78% of these cases had closed and all planned contact with child welfare services had been terminated.

Overall, approximately three-quarters of the 2,783 child abuse reports screened in the pilot sites were channeled to the family assessment track. The evaluation documented modest, but often statistical significant changes that suggest the dual track response system provided more diversified service access to a greater proportion of families and that this extended service availability did not result in an increased number of subsequent reports. While the comparison counties experienced a steady or slightly increasing level of calls to the hot line during the study period, calls in the pilot sites dropped 8%. Further, the evaluation found that children in the types of families that were screened for family assessment rather than investigations were safer than their counterparts in the traditional system and that they were made safer sooner. Threats to safety within the context of family assessments most commonly involved situations such as lack of basic necessities, deficiencies in supervision and less serious physical violence and verbal abuse. In contrast, safety threats in cases involved in investigations included such issues as serious physical abuse that resulted in fractures, cuts, and burns and instances of child sexual abuse.

A higher proportion of participants in the family assessment track demonstrated improvements in one or more safety areas both at the end of the first 30 days and at final contact with child welfare workers. Overall, the relationships between workers and families in the assessment track were generally more positive than in the investigation track. Family assessments generally resulted in more comprehensive discussions of a family's needs and the provision of a wide range of specific services. However, despite these enhanced relationships and a greater array and dosage of services, the evaluation did not demonstrate significant differences in the actual improvements in key problem areas (e.g., child-adult conflicts, adult-adult conflicts, parenting problems, basic needs, etc) between the pilot and comparison families, as measured by self-reports and staff assessments.

The dual track also produced some benefits for children on the investigation side of the system. Specifically, the evaluation found that investigations in the pilot sites that involved serious injuries were more likely to be referred on for prosecution than were comparable cases investigated in the comparison counties. The relationship between investigators and police improved in many pilot sites as the majority of appropriate incidents were co-investigated by police and child abuse and neglect investigators. In addition to the reported outcomes with individual cases, the dual track system appears to have provided a stronger foundation for building cooperative relationships with community based organizations. Pilot workers showed a heightened awareness of specific community providers, and they were more likely to have ongoing contacts with workers at these agencies.

In discussing their outcomes, Siegel and Loman speculated that aggregate outcomes might have been stronger if the initiative had provided front-line workers additional resources or had allowed workers to manage fewer assessments at one time. The intensive nature of the assessment process and its focus on examining family needs in a larger number of areas required child welfare workers to spend more time with each family and with community service providers than had been true under the more traditional investigative process. Despite this increased level of effort, workers conducting family assessments did not have lower caseloads nor added resources to offer families. Siegel and Loman conclude that greater impacts might have been realized if child welfare agencies "increased or accelerated community development

activities, brought additional resources to bear within and outside the agency and reduced worker caseloads to more manageable levels" (Siegel & Loman, 2000: 39).

A similar alternative response effort is being implemented in 20 diverse counties in Minnesota. Unlike the Missouri model, variation exists in how intake and screening of new reports are conducted in each county and the criteria used to divert cases from traditional investigations. For example, some counties assign all families who have a prior history with the agency to the traditional track, regardless of the seriousness of the current report while other counties try an alternative response with these families. Differences also exist in how the counties staff the two tracks. In some counties, emergency response workers are assigned to either one track or the other while in other counties a team of workers accept responsibility for families in both tracks. Also, some counties have used this system to allow intake workers to retain responsibility for a family if they are offered case management services or even short-term placement (IAR, 2002).

During the first operating year, 38% of all screened reports in the pilot sites were directed to the Alternative Response (AR) track. This proportion ranged from a low of 21% in the largest county to a high of 60%. For purposes of the outcome evaluation, those families identified as appropriate for the AR track were randomly assigned to treatment and control conditions in 14 of the 20 pilot counties. While those in the control group received the standard CPS investigation, those in the treatment group received the non-adversarial alternative response. This response generally covered a broader array of issues and potential service needs and solicited greater family participation in decision making about needs and services. While the evaluation is ongoing, preliminary findings have found very low subsequent reports for maltreatment (less than 6%) for both groups. Placement rates also are low in both groups (less than 3%). The evaluators note that this pattern of findings suggests that diverting lower risk families to the assessment track did not place their children at greater risk for subsequent harm, at least as measured by reincidence data. As with the Missouri example, one key difference between the two groups is the level of services they receive. The evaluation found that families receiving the AR response had a significantly greater number of contacts with child welfare workers than participants in the control group (IAR, 2002).

The Community Network for Families (CNF) was one of eight child welfare reform pilot projects in Minnesota that were intended to demonstrate and evaluate the AR model. Families were considered eligible for CNF if child welfare investigators determined that the cases did not involve children under the age of five or charges of abandonment, suspected physical or sexual abuse or an emergency shelter placement. Once referred to the program, families were contacted by CNF workers who informed them about the program and allowed them to choose to participate in either the alternative services system or traditional child protection intake services. The evaluation tracked subsequent child abuse reports and school performance for 28 families served by the alternative system and a comparison sample of 106 families that met the project intake criteria drawn from CPS caseloads outside the project service area.

Among those who received the intervention, virtually all participants reported positive experiences and felt the services offered by the agencies were beneficial for their families. Overall, the CNF appeared effective in establishing a positive connection between community-based workers and families. While children in program families demonstrated improved school attendance following participation in the program, this increase was comparable to the change observed in the comparison group. In the one-year period following study enrollment, 11% of the treatment families and 15% of the comparison families were involved in a substantiated charge of child maltreatment. However, while none of the maltreatment episodes involving the treatment group were rated by workers as constituting serious maltreatment, 56% of the comparison group episodes received a serious rating (Gozali-Lee & Decker, 2002).

The evaluators concluded that in the absence of the CNF, the majority of families enrolled in the study would not have returned to the child welfare system for additional services and would not have been involved in substantiated maltreatment. However, these families did

face significant financial, housing, child care and employment challenges. For example, one-quarter of the families reported living with friends or relatives or in temporary shelters because they did not have housing at some point over the prior year. The CNF workers spent the majority of their time assisting parents in accessing housing and emergency services and achieving goals related to their children's education and school attendance. Such services might have contributed to an increased stability in the family's living situation and home life, as evidenced by improvements in school attendance. However, the evaluators also noted that workers reported that they were not successful in securing service resources to address a parent's chronic health care needs or various physical and emotional problems that interfered with parental capacity to rear their children. It is not clear whether such services were available in the community but not readily accessible to parents or if the worker failed to adequately detect these problems at intake.

Prior to the formal adoption of the alternative response system, Ramsey County Community Human Services in Minnesota received funding from the McKight Foundation in 1994 to conduct a demonstration project designed to reduce abuse and neglect and strengthen family functioning among high-risk families. Using a network of 39 community agencies, the initiative identified families that while presenting an elevated risk for maltreatment did not represent cases likely to be substantiated for child maltreatment. During the initial phase of the study, an experimental assessment of the project was undertaken in which half of all eligible families were randomly assigned to treatment and control conditions. Families in the treatment group were offered a chance to work with a community-based agency of their choosing and design a service program that would address the risk factors identified in the initial referral. The control group was told they had the opportunity to participate in a resource study and receive Target gift certificates in exchange for their time completing research interviews. Families in the treatment group received access to an array of social or therapeutic services as well as an emergency allocation of up to $500 that could be used for rent deposits, appliances, bill payment or any service to prevent or address a family crisis. Families in the control group did not receive the emergency allocation, free consultation, case planning or free services (Owen & Fercello, 1999).

The sample included 145 families in the treatment condition and 143 in the control group. The groups did not differ significantly in terms of racial or socio-economic characteristics. Approximately one-third of both groups were African American, two-thirds were unmarried and about half lived in subsidized housing. The most common problems in both groups were poverty, history of maltreatment in family of origin, domestic violence and substance abuse. Of the treatment group, 89% completed baseline and 24 month follow-up interviews; in the control group, 86% completed both interviews. Over the course of project involvement, families in the treatment group accessed services costing a total of $334,491. In addition to emergency fund expenditures and plan development costs (which accounted for about one-third of all service dollars spent), families most often used their service dollars to purchase child care or respite care (16%), child or adult educational services (13%), recreational services (10%) and transportation (5%). Approximately 5% of the service dollars were accessed for individual or family counseling.

While no significant differences were observed over the study period with respect to child abuse reports or case openings, the rate of case openings was lower among the treatment versus control cases during the study period than the 30 months prior to involvement in the study. In the 30 months before enrollment, 6.9% (9) of treatment families and 6.5%(8) of the control families were reported for maltreatment. In the two years following study enrollment, 7.7% (10) treatment families and 9.8% (12) of the control families were reported for maltreatment. A more dramatic pattern was the difference in out-of-home placement costs. During the 30-month period following enrollment in the study, the County spent a total of $24,638 on out of home care for children in the treatment families and $180,133 on similar care for children in the control families. (Owen & Fercello, 1999).

In terms of personal functioning, families in the treatment group made statistically significant gains in the adequacy and use of family resources as measured by the Family Resource Scale (Leet & Dunst, 1999). Families in the treatment group were significantly more

likely to be employed six months or longer than control families (60.4% compared to 44.9%) and more likely to have full time employment (36.9% compared to 19.5%). Participants in the treatment group were less likely to report abusive behavior by a partner (12.3% to 22.1%). While differences in housing related outcomes were not significant between the two groups, those in the treatment group reported fewer housing crises and 11% transitioned to home ownership.

Summary

Dual response systems offer some promise in enhancing worker-participant relationships, in helping families stabilize their situations and better care for their children and in building stronger, mutually collaborative relationships between child welfare workers and community based service providers. In terms of improved practice, the implementation of dual track response systems in both Missouri and Minnesota have created opportunities for child welfare workers to establish stronger relationships with families at risk and to improve consistency of care. While the potential impacts on organizational efficiencies and participant outcomes of such staff changes are not yet clear, the Minnesota experience suggest that the implementation of this type of practice reform allows agency managers to rethink staff allocations and offer new and perhaps more productive ways to distribute caseloads and case management responsibilities. The process also may assist workers in becoming more familiar with local service options and therefore place them in a stronger position to provide families with more appropriate service referrals. The process appears to place a greater array of services within the reach of more families facing significant parenting challenges. As such, the dual track response system transforms the reporting system from a purely investigative tool to one that serves as an early warning device to flag families in need of help. While not consistently successful, available data suggest the method can impact parental functioning and capacity, such that children receive better supervision and care.

However, it is equally true that families receiving these alternative assessments may not, in the absence of intervention, pose a high risk for future serious abuse or re-reporting. While longer post-involvement observation periods are needed, the comparable number of subsequent reports among both treatment and control samples in these studies suggest that dual track response systems may not alter the proportion of cases likely to return to the child welfare system over time. However, the likelihood of reincidence for those cases, as with all families touched by the child welfare system, is primarily influenced by the threshold states set for reportable and substantiated maltreatment. Further, while the voucher system in Ramsey County produced rather dramatic savings in out-of-home placement costs between the treatment and control groups, these savings do not offset the program's implementation costs. If states are deflecting a substantial proportion of reports, expansion of services to even a small proportion of these formerly deflected cases represent a net increase in current expenditures. And any savings that may be accrued due to early intervention services may not be realized for several years. In the end, the short-term benefits for dual response systems appear limited to improving service access and family outcomes, not necessarily agency efficiency.

EXTENDING CHILD WELFARE SERVICES INTO THE COMMUNITY

In contrast to waiting for a formal report of suspected maltreatment, a growing number of child welfare agencies are experimenting with locating their staff within community agencies such as school and family resource centers. Similar to the movement in the 1970s that located police officers in neighborhood centers and schools, the logic of this approach is to reduce the barriers between residents and formal service providers and create an environment in which families feel more comfortable drawing on public services for general support. In theory, services embedded in the community offer interventions more compatible with a family's culture and normative standards of child well being. Also, if located in schools, health clinics or community-based agencies, child welfare services become less stigmatizing. Parents facing particular challenges may be more willing to request assistance earlier and, therefore, avoid falling into a pattern of increasingly dysfunctional parent-child interactions.

When this type of out-basing occurs in settings that also house other key heath and human services, the strategy offers an opportunity to further enhance service coordination and collaboration and may contribute to stronger continuity of care. Unlike more traditional child welfare practice where cases are assigned to a new worker after each investigation, a system of neighborhood-based practice allows for families served by the same school or set of community services be referred to workers more familiar with their case and community context. Whenever problems or issues arise, the same caseworker is there to address it. This can potentially facilitate case planning and improve service efficiencies (Hutson, 2003).

Geographic assignment in conjunction with out-basing and co-location also has been identified as strengthening relationships among child welfare workers, community residents and families at-risk. Child welfare workers who are housed in community agencies are more visible and better known to local residents. Because residents recognize specific workers as part of their community's system of care, residents may be more forthcoming in referring families facing difficult circumstances. In this context, reporting a family to a child welfare worker is less a matter of "turning in" a potential offender and more an effort to secure help for a family in need. Child welfare workers are no longer simply there to investigate potential wrongdoing, they are there to work with community residents to address those conditions that threaten a child's safety. (Notkin, 2002; Schene, 1998).

Empirical Evidence

Evidence of the utility of out-basing and co-location of child welfare workers is limited to the strategy's success in fostering greater service collaboration and coordination. No evidence exists as to the impacts of this approach on key child welfare outcomes such as placement rates, reincidence or child abuse reporting behavior. Implementation studies and descriptive assessments, however, do suggest the method is successful in improving the ability of at-risk families to access resources sooner and to better integrate child welfare services into the fabric of community life. The method may be particularly useful in providing child welfare investigators and case managers a greater understanding of local service networks, placing them in a stronger position to better direct families to early intervention resources. In El Paso County, Colorado, for example, child welfare workers were assigned to four elementary schools in a neighborhood that frequently referred children to child protective services, primarily for neglect. The worker attended weekly meetings with school staff to discuss high-risk families and to help the school and other community members identify resources (such as food banks or clothing drives) that could help families keep their children safely at home. The caseworkers also made contacts with local police officers and public housing managers to have a better sense of the struggles parents faced in caring for their children.

As noted by Hutson (2003), the purpose of this community-based service provision was to have families, school staff, police officers and community members view the child welfare worker as "a family's ally, rather than an enforcer whose job is simply to remove children from their homes" (Hutson, 2003: 29). Based on the success of its school-based experience, El Paso County moved to out-place child welfare workers in a community center that houses 30 service providers representing a wide range of service agencies (e.g., police, child development, the YMCA, Head Start, community health, work force development, and TANF). In addition, the county also awards mini grants to local community service agencies to further enhance local service capacity.

Collectively, these efforts are designed to expand services for families that do not meet the threshold for regular child welfare services and make voluntary, community-based child welfare services more available to families throughout the county. In addition to expanding service capacity, county administrators hope this approach will foster greater collective responsibility for child protection. "Rather than receiving a singular message that the sole responsibility one has to child protection is to report suspected cases, this strategy empowers local service providers and potentially individual residents to take personal action to connect

families with needed services or to offer personal assistance in meeting child care demands." (Hutson, 2003: 42)

Locating child welfare workers in community agencies has been promoted as a vehicle for reducing the distance between formal service systems, such as child welfare, and informal sources of support available to families through their network of neighbors and friends (Schene, 1998). Preliminary data collected as part of a broad child welfare reform initiative in Louisville and St Louis found that co-location in community-based settings can play a critical role in improving worker collaboration and service coordination (e.g., more informed referral decisions, easier linkage of families to referrals and better communication among workers) (Chapin Hall Center for Children, 2000). For example, the Louisville site began assigning investigators' cases geographically and gradually moved to a system of physically placing child welfare investigators into Neighborhood Place Ujima, one of eight Neighborhood Places in Jefferson County. These centers are the product of an ongoing collaboration among the leading public and private human services organizations in the county. In addition to child welfare investigators and case managers, the Neighborhood Place houses a range of health and social services including home visits by nurses, social workers, and paraprofessionals; health care coordination and referrals; emergency assistance, food stamps, TANF and WIC; family and individual counseling; school-related services for help with attendance or behavioral problems; and family intervention and diversion services for young people charged with status offenses and their families. While co-location of multiple service providers in a necessary condition for facilitating local service integration, co-location is far from sufficient. As the Louisville staff discovered, considerable planning and communication efforts were needed to insure that out-basing and co-location resulted in productive and sustained practice change.

In their co-location experiment, child welfare administrators in St. Louis expanded the concept to include out-basing an entire child welfare service unit (consisting of assessment and investigative workers, ongoing service caseworkers and a supervisor) in the Sigel Elementary School. Already designated a community education center by the state, Sigel functions as a hub for an array of family support services and activities and houses income maintenance workers who provide cash assistance, Medicaid, food stamps and referrals to other services. The center is described by some as a "small town" where families have ready access to a range of services. Chapin Hall's initial assessment of the strategy suggests that this type of out-basing in a community setting has significant benefits for child welfare staff, enabling them to do a better job with existing cases because they are more familiar with local resources, work closer with other service providers and are better able to make referrals and follow-up. In contrast to their experiences at the centralized child welfare offices, residents find that workers at the hubs are much more accessible and treat them with greater respect and dignity. They report using available services more at the hubs than they would if they were limited to going to the centralized offices. Residents who volunteer at Sigel School also find satisfaction in being able to direct other parents to child welfare services. While a selective sample, these residents report that having child welfare workers in the hubs result in better protection for local children (Chapin Hall Center for Children, 2000).

The co-location of family support, health and educational services has a long history in the fields of family support and child abuse prevention (Daro, 1988). More recently, several of these efforts have focused specifically on the parents of young children. Unlike the more limited evaluations of child welfare experiments in co-location, prevention efforts that have incorporated this strategy have documented changes in parental functioning and child well-being. For example, several of the sites established as part of the Carnegie Corporation of New York's Starting Points Initiative in 1994 included the development of comprehensive family resource centers as part of their approach. In West Virginia, for example, the state established Starting Points Centers in 18 of the state's most isolated communities to reduce the distance parents had to travel in order to access various health and social services, including child welfare interventions. Each center provides local residents with a single access point for health screening and care, parent and preschool education, information and referral services,

employment counseling, home visiting outreach programs, and developmental screening. Preliminary evaluation data show strong participation by low-income families; improvements in child health insurance coverage, immunization rates and parenting skills; and increased use of nutrition and other community services (Levine & Smith, 2001).

While not established or sponsored by a child welfare agency, the Starting Early/Starting Smart (SESS) initiative used a collaborative and community-based service model as a vehicle for improving access to services for at-risk children under seven and their families. This four-year program and evaluation study was sponsored by an innovative public-private collaboration between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) and Casey Family Programs. To reach families that are not in the mainstream of service access and use, SESS programs partnered with primary care institutions and early childhood education institutions. These settings are thought to be windows of opportunity in which caregivers are particularly open to services that may benefit their children. Five of the programs are in primary care settings; seven are in early childhood program (e.g., five Head Start centers and two child care settings). A typical SESS site provides or supports access to a range of family and parenting services, child development and child mental health services and caregiver mental health and substance abuse services.

A randomized trial of the initiative found that those in the treatment group experienced greater access to family support services and substance abuse treatment programs. Further, significant improvements over 12-months were documented in the areas of family well-being (e.g., improved discipline methods, improved learning environments in the home and decreased verbal aggression and decreased drug use); and child development outcomes (e.g., more positive parent-child interactions, stronger social-emotional development and improved receptive language skills. (Casey Family Programs, 2001).

Summary

As with dual assessment strategies, out-basing and co-locating child welfare workers in community agencies broaden child welfare's reach beyond families who are the subject of a specific child abuse report. Child welfare workers placed in community agency settings confirm that the strategy results in improved relationships with service providers, greater accessibility to services for families at risk, and more informed referral decisions with respect to families that are involved in reportable maltreatment. Many workers, particularly in the St. Louis program, viewed out-basing and co-location as reform mechanisms that have had the greatest impact on daily practice. In essence, the combination of out-basing and co-location of child welfare workers appears on the whole to improve collaborative relationships between child welfare staff and others by increasing communication and mutual understanding of each other's work.

The ultimate impacts of such strategies, however, remain unclear. Although increased collaboration will not, in and itself, produce higher service quality, such joint ventures may serve to educate the community about the range of pressures on child welfare agencies and the difficulties workers face in altering agency practice. Despite the perceived benefits of out-basing staff, child welfare managers struggle with a number of logistical and institutional barriers in taking this concept "to scale". For example, supervision of frontline staff is more difficult when individual workers are housed in multiple satellite offices. In addition, finding suitable space in local community agencies and equipping that space to provide adequate infrastructure support to child welfare investigators or case workers is costly and time consuming. As a result, out-basing remains the exception to standard practice not the rule.

ESTABLISHING COMMUNITY PARTNERSHIPS

In contrast to the first two strategic paths, the notion of establishing broader responsibility for child protection through the development of community partnerships explicitly moves beyond the boundaries of the child welfare agency itself. Differential response systems to child abuse

reports and the placement of child welfare workers in community agencies serve to expand the reach of child welfare agencies but do not alter the agency's unique and singular responsibility for insuring a child's safety. In contrast, the concept of "community partnerships" calls for a transformation from a single response agency to a system of shared responsibility and mutual support. Child protection is not about how any one agency operates but rather about how a community operates both formally and informally to protect children. The reform is directed not at a single agency but rather at a community and culture. As Melton and Thompson have noted, achieving child protection becomes a shared, moral responsibility "not merely to prevent wrongdoing, but to achieve positive obligations as well" (Melton and Thompson, 2002: 11). When this moral responsibility is jointly shared by every resident and every agency, a community can begin building the type of reciprocity and mutual support viewed by many as essential to achieving a higher standard of care for children (Melton & Berry, 1994).

The community partnership concept reflects a decision making process that brings together local government, state agencies, elected officials, community agency directors and local residents in collectively identifying and implementing a set of strategies perceived as being most effective in supporting children and their families. In some cases, these partnerships operate under the leadership of local child protective service agencies (Farrow, 1997). In other cases, they have been promoted by county and state level administrators as a way to effectively make funding streams and eligibility criteria more reflective of the "non categorical" way families need and use services (Schorr, 1997; CSSP, 2001). These types of collaborative models appear to work best when the lead agency is already part of a wider agency network and collaborative opportunities exist both across agencies (e.g., shared case management, co-location of workers, joint membership in community organization, and a culturally grounded shared vision) as well as within each agency (e.g., clear lines of communication up and down the chain of authority) (Harrell, Cavanahy & Sirdharan, 1999).

The emphasis on developing shared responsible for child protection is rooted in a number of practical and theoretical considerations. The most obvious practical reason for expanding responsibly for child safety is the inability of the current child welfare agency to meet the service needs of all families at-risk. Rigorous national incidence studies funded by the federal government indicate that many cases involving acts that meet the child abuse reporting standards do not result in formal reports. Indeed less than half of cases identified by mandated reporters (with the exception of police where the investigation rate was 52%) resulted in a formal child abuse investigation and only about one-third of these cases are provided any type of formal child welfare intervention (Chalk & King, 1998; Sedlak & Broadhurst, 1996). Among the failings of the current response system are the inability to provide adequate assessments for all reports, inappropriate and insufficient therapeutic resources, high reincidence rates among those children remaining with their families, and foster care options that perpetuate mistreatment and poor child outcomes (Bartholet, 1999). These and similar problems underscore the simple fact that "fixing" a broken parent-child relationship is neither a self-evident nor routine procedure. The complications and interdependence of various factors conspire to foil the best of intentions.

Beyond these practical considerations, however, is the belief that child outcomes are a function of both parental capacity and the context in which parents exercise these responsibilities. Community values and neighborhood resources have long been considered a key factor in determining a family's relative risk for maltreatment. The beliefs and attitudes of neighbors and family members as well as the availability and quality of local health care and family support services can serve either as powerful protective factors or potent risk factors, particularly for families with limited financial resources or child care skills (Melton & Berry, 1994). Residents in poor communities with the highest rates of reported maltreatment have fewer positive interactions with their neighbors and more stressful day-to-day interactions than residents in poor communities that have fewer maltreatment reports (Garbarino & Sherman, 1980: Deccio, Horner & Wilson,1991).

Community partnerships are designed to tap into a community's strengths and build the type of collective responsibility some believe is necessary to truly protect a child from harm. The uneven success of all prevention efforts – those directed at parents and those designed to reduce a child's vulnerability to violence – also has contributed to an interest in developing strategies to alter community context as well as change individual parental behavior. Indeed, the most powerful theories of explaining human behavior and child abuse have drawn on the interdependency of the individual, family and social context (Belsky, 1980; Brofenbrenner,1979; Cicchetti & Rizley, 1981; Garbarino, 1977). Commenting on the positive results from targeted early intervention programs noted by Olds and his colleagues (1998), Felton Earls emphasized this point by speculating on "how much stronger the effects of this early intervention would have been if the program had continued beyond the child's second year of life or if efforts had been made to engage the wider social settings in which the families lived." (Earls, 1998, p. 1272).

Empirical Evidence

Building a collective sense of child protection within the social fabric is a difficult concept to operationize and, therefore, to assess. Unlike measuring the impact of a specific intervention or method of service delivery operated solely within the parameters of a child welfare agency, measuring the collective impacts of community partnerships on child safety requires data from a number of domains and social levels. In essence, an evaluation of this concept requires a variety of institutional and special interests to agree on a common set of outcomes or child well-being indicators (Hogan, 2001). This type of "outcome framework" not only provides the basis for assessing change over time but also serves to illustrate how each individual program or each individual contributes to progress in specific outcome areas. As community partnerships move forward, establishing this type of common agenda or shared vision will be an important first step in constructing any empirical basis for measuring success. At present, however, formal assessments for most of these strategies have not progressed beyond this type of vision statement or the development of broad theories of change.

Despite the lack of empirical evidence, the notion of community partnerships for child protection and building community systems of care are taking hold in many jurisdictions. The best known of these efforts is the Community Partnerships for Protecting Children (CPPC) initiative originally developed by the Edna McConnell Clark foundation in response to the Executive Session on Child Protection, a think tank convened by the John F. Kennedy School of Government at Harvard University (Farrow, 1997). CPPC is based on a theory that calls for multiple partners (e.g., child protection agencies, social service agencies, community organizations, and community residents) to work together to protect children and support families. The four sites initially selected to test the concept included targeted neighborhoods in Cedar Rapids, Iowa; Jacksonville, Florida; Louisville, Kentucky; and St. Louis, Missouri. The initiative is ambitious in advocating both primary and secondary prevention activities and in promoting reform on multiple levels, including direct practice with families, inter-organizational change, child welfare policies and procedures, the use of self-evaluation data to inform decision-making, and increased community participation in child protection. The Chapin Hall Center for Children at the University of Chicago completed an assessment of the initial implementation of this effort in 2000 and is currently conducting an outcome evaluation, due to be completed in 2004 (Chapin Hall Center for Children, 2000). While this evaluation will provide some evidence as to the immediate impacts of the initiative on child welfare practice, family assessments and community awareness and attitudes, the evaluation will not be sufficient to determine the initiative's capacity to fundamentally alter the willingness of residents to assume shared responsibility for child protection.

The community partnership concept has been a central component of California's recent Child Welfare Services Redesign project. As conceptualized by the planning team, prevention would become a more salient aspect of child welfare practice through the development of a State Prevention Partnership that would include all state departments that bear responsibilities for the welfare of children, such as social services, health, mental health, developmental services, alcohol and drugs programs and education (CWS Stakeholders Redesign Report, 2003). The

primary goal of this collaborative would be to complete an inventory of all prevention and early intervention programs supported by each department and the development of a comprehensive plan to outline service strategies for reaching common populations in a more effective and efficient manner. This emphasis on joint planning and service collaboration across departments would be mirrored in a system of county-level and community-level partnerships. At each level, emphasis would be placed on expanding access to universal services for all parents, particularly those with new borns; providing assistance to families at the earliest signs of potential abuse or neglect and insuring that those families and children engaged in the system (e.g., emancipating youth, families receiving adoption services, families with children in placement or those involved in aftercare services) also would have access to this expanded pool of prevention services. The targeted outcomes for this initiative include greater and more appropriate use of voluntary services among families facing different risks for maltreatment as well as positive changes in the areas of child health and development, maternal self-sufficiency and family and youth functioning (CWS Stakeholders Redesign Report, 2003).

Similarly, the Annie E. Casey Foundation's Making Connections initiative has been supporting efforts in 22 cities since 1999 to foster greater collaboration at the neighborhood level that promote connections among three types of support – opportunities to work, earn a decent living and build assets; close ties to friends, neighbors, kin, faith communities and civic groups; and reliable and responsive services close to home. Collectively, these efforts offer the opportunity to strengthen both the families and communities in which children are raised. More specifically, the effort seeks to compensate for a number of known risk factors (e.g., poverty, single parent status, limited education, poor employment histories and unstable medical care) affecting large numbers of residents in specific geographic communities. Through a series of seed grants and technical assistance visits, the initiative seeks to raise awareness of the importance of building strong communities and families and to begin experimenting with strategies to meet emerging and critical needs or service shortfalls. Long-term measures of success include better health outcomes for children, better school performance and retention, increased employment and family income, and greater involvement in civic life. It also is hoped that families will feel safer in their communities and residents will feel they have greater input and control over the decisions that shape their local environment (Annie E. Casey Foundation, 2003).

Although evaluative data is not yet available on the impacts of these strategies on either system or individual outcomes, some initial findings from other community partnership efforts are encouraging. In Vermont, for example, regional partnerships, under the direction of the State's Team for Children, Families and Individuals have greatly expanded the availability of family support services for all pregnant women and young children. Since implementing these partnerships, the State has experienced service expansion and a significant reduction in the rates of reported child abuse and neglect as well as improvements in other indicators of child well being (CSSP, 2001; Hogan, 2001).

Summary

While community partnerships have strong support among many child welfare reform advocates, the ultimate capacity and durability of these systems remain unclear. Evidence is mounting that residents in local communities can collectively provide strong support to children and parents and that such support reduces the incidence of violence (Garbarino & Sherman, 190; Korbin & Coulton, 1997; Sampson, Raudenbush and Earls, 1997). However, it remains unclear if (and how) community partnerships can build greater social relationships and civic behavior within communities that lack this type of mutual reciprocity. Since families do not randomly select where they live but are drawn to communities that have certain levels of service quality and opportunities, communities in which residents demonstrate concern for each other may simply reflect a self-selection bias. Families predisposed to availing themselves of resources and to acting individually as well as collectively to protect children may seek out communities where other residents share these values. How to develop social capital in communities lacking minimal services or community cohesion is unknown. Further, even within communities that exhibit the

types of improvements noted in Vermont, "pockets" of isolation exists. Parents least able or least willing to provide for the safety of their children underutilize prevention services even when access is simplified (Daro, 1993).

The concept of community partnerships clearly implies an active role for all community residents in insuring child protection. However, the initial CPPC sites have struggled to establish this type of broad scale public action. For those parents in need of assistance, the primary task is generating within this population a willingness to seek out services and to accept services when offered. For those parents with sufficient resources to care for their children, the task becomes one of instilling within them a willingness to reach out and offer assistance to those more troubled. If child welfare agencies want to pursue the concept of building strong, proactive, protective communities, new thinking is needed with respect to designing and implementing a broad range of activities generally not considered part of the child welfare agency mission (e.g., community celebrations, community meetings, outreach to specific families in an area). In addition, a stronger conceptual framework is needed to incorporate more targeted strategies into a universal system of support for all parents. Finally, this new rubric of services need to take account of the different engagement and retention issues involved in serving families on a voluntary versus mandatory basis. (Daro, 2000; McCurdy & Daro, 2001).

CONCLUSIONS

The rapid expansion of prevention services and institutional reforms within child welfare present both an opportunity and a challenge. While many of these efforts share a common rhetoric peppered with such terms as "individualized services", "collaboration" and "service integration", altering policy and practice behaviors will require more than eloquent rhetoric. Left to their own design, interventions are unlikely to group themselves in some logical sequence the way the human cells coordinate their efforts during fetal development. Such coordination, if it is to occur, will require explicit and continuous planning among all parties. "History clearly shows," writes Kagan, "that focusing on isolated inventions breed problems of scaling up which have rarely been successfully addressed. Normalization suggests an alternative strategy; it focuses on envisioning a wholly reconstituted system and suggests incremental strategies toward its accomplishment" (Kagan, 1996, p. 163).

Efforts to achieve this type of fundamental change face immense obstacles (Kagan, 1996; Schorr, 1997). Traditional child welfare is most commonly characterized by mandatory, not voluntary service provision in which the relationship between caregiver and recipient is perceived as paternalistic, not egalitarian. Whereas community based agencies seek to differentiate services based upon an individual's need and cultural standards, child welfare has been organized in pre-defined, uniform "packages" or options. And as noted in the ongoing debate over welfare reform, public systems of care often foster continued dependency rather than offer a realistic path toward independence. Future partnerships among child welfare agencies, community-based service providers and local residents will need to challenge these existing paradigms of service delivery and organizational structure if they are to realize true collaboration. Child welfare agencies will need to adopt new interpretations of standards and management, forestalling centralized control and adopting flexible, locally defined quality indicators. Community-based service agencies will need to accept greater responsibility, not simply funding, for maintaining a system of support that provides a wide range of services to families seeking to avoid the child welfare system as well as those who are struggling to retain their children despite prior abuse or neglect. And all community residents need to accept greater personal responsibility for the well being of their own children and the children that live in their neighborhood.

At present, many within and outside public child welfare are comfortable limiting responsibility for confronting child abuse to child welfare agencies as a way to distance themselves from the problem of child protection. Vesting sole responsibility for responding to child abuse within child welfare is possible but only if the mission remains narrowly defined and

services are limited to substantiated cases of maltreatment. If the vision moves toward a more comprehensive sense for what must occur, child welfare agencies can only accomplish this objective by working in partnership with other public and private entities.

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